

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213553537				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOSEPH E. BLACKBURN, JR. 300 WEST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: FL</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: F0419384</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>66,667</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	66,667
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COMMON	66,667					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1410 NORTH WESTSHORE BLVD STE 800</p> <p style="text-align: center;">CITY/ST/ZIP: TAMPA, FL 33607</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEVIN JOHN HENRY TITLE: PRESIDENT ADDRESS: 150 RIDGE GATE COURT CITY/ST/ZIP/CO: LEWISVILLE, NC 27023 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEVIN JOHN HENRY TITLE: PRESIDENT ADDRESS: 150 RIDGE GATE COURT CITY/ST/ZIP/CO: LEWISVILLE, NC 27023	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEANA MCINNIS VICKERS ASST SECRETARY 135 CORBRIDGE LN. WINSTON-SALEM, NC 27106	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIMMY ALLEN DEW DIRECTOR 407 RIVERBEND DR ADVANCE, NC 27006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SPENCER LEROY, III DIRECTOR 2089 BLACKSTONE AVENUE LAGRANGE, IL 60525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALDO CHARLES ZUCARO DIRECTOR 126 NANTUCKET LN BARRINGTON, IL 60001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOEL H PASTERNAK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOEL H PASTERNAK, VP, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/5/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			